

penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4 / 11-05) Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

Myla a Eldridge

		OMMUTTEE-					
Full Name of Candidate (include any nickname)		OMMITTEE II	2. Committee		lumber		
Charles (Chuck) Wesley Brewe	(317) 635-8881						
3. Malling Address (address where all campaign fir	-	nce is received)	l' <u> </u>				
47 S. Pennsylvania St. Ste. 300							
4. City State ZIP Code			5. Party Affiliation or If Independent Candidate				
Indianapolis	IN		Republican				
6. Office Sought (Include district number, if any. N	lee.)	7. County of	f Residence				
Mayor of Indianapolis		Mario	n				
8. Reporting Period:	. ^	کارے ایک					
From: 10/27/5	11110009111	123/15					
For classification, enter INDV for individual; PAC for political	action committee: COR	P for corporation; L	AB for labor organ	nization; NONE	for all entries which a	re not one of the abov	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS			TYPE OF CONTRIBUTION OR OTHER RECEIPT		N COLUMN A AMOUNT OF		DATE RECLIVED
(street, number, city, state, Zli	P code)		OR DIFFER REC	,riPi	CONTR	IBUTION	RECEIVED BY
Classification 1.		Contrib ⊠ Dir					
LLC Meyer Najo	en,	, Din-	Kind <i>(describe)</i>				10/22/15
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Meyer Najern 11787 Lantern Ra. suite tishers, IN 46038			leceipts:		\$ 3000		
Manage, 100 30			☐ Interest ☐ Loan		''		Committee
			sc (specify)				
Contributor's Occupation (if applicable) Classification 2.		— —					
Classification		Contrib			ł		<u> </u>
		□ in-	Kind <i>(describe)</i>				
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Contributor's Occupation (if applicable)							
Classification 3.		Contrib	utions:				
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Contributor's Occupation (if applicable)		_					
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I CERTIFY THAT I HAVE EXAMINED THIS ST TRUE, CORRECT AND COMPLETE.	ATEMENT, TO T	HE BEST OF M	NY KNOWLED		_		
Signature of Treasurer Title				Date (MM-DI	·		
Kay Spian heasur			Date (MM-DD-YY)		3-15	FILED	
Signature of Sandidate (if applicable)			Date (MM-DD-YY) 16-23-15				
Warning: Any information contained in this report ma	sale or used for a	ny commercial r	110 19 2045			T 2 3 2015	
person who knowingly files a fraudulent report commit report as required by the Indiana Campaign Finance L	s a Class D felony. (IC 3-14-1-13) A p	erson who fails t	to file a comp	lete or accurate		··
Lebert de tedining pà me maisus ésubsidit ciusucs r	aw commis a class	o misdemeanor	(10 3-14-1-14), 8	and may be s	ubject to CIVII	La color	